



**JAMES J. DONELON  
COMMISSIONER OF INSURANCE  
STATE OF LOUISIANA**

P.O. Box 94214  
Baton Rouge, Louisiana 70804-9214  
Phone (225) 342-5900  
Fax (225) 342-3078  
<http://www.lidi.state.la.us>

**INSTRUCTIONS FOR  
ANNUAL REPORT FOR A  
VIATICAL SETTLEMENT BROKER  
IN THE STATE OF LOUISIANA**

**GENERAL INSTRUCTIONS**

This packet is designed to assist the individual preparing the annual report in complying with our requirements and procedures. The forms and procedures of the application process are designed to facilitate our review of the report. Therefore, it is extremely important that all applicants comply fully with the instructions and requirements set forth in this packet.

All communication should be directed to:

Louisiana Department of Insurance  
Company Licensing Division  
P.O. Box 94214  
Baton Rouge, LA 70804-9214  
Phone: (225) 219-4318  
Fax: (225) 219-9322  
E-Mail Address: [mboutwell@ldi.state.la.us](mailto:mboutwell@ldi.state.la.us)

While our Department will be happy to assist you and answer any questions you may have, we ask that you thoroughly review all instructions and forms before contacting us.

- 1) This annual report must be filed by all licensed viatical settlement brokers and by all persons acting as a viatical settlement broker pursuant to a life producer license issued by the Louisiana Department of Insurance.
- 2) Annual report must be postmarked no later than March 1 of each year and the information contained in the report is for the period from January 1 to December 31 of the previous year..
- 3) All submittals in association with this report must reach this Office via the United States Postal Service or a carrier with interstate business. Hand delivery is not acceptable and any information arriving in this manner will be returned without review. In addition, all correspondence must be sent to the attention of the Company Licensing Division to assure prompt receipt and handling.
- 4) Submit only a fully completed report. Submittal of a partially completed form will cause processing delays and may result in denial of the report as incomplete.
- 5) Do not alter the forms contained in this packet. If you feel the requirements do not apply to your situation, notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms.

- 6) All original items submitted become the property of the Louisiana Department of Insurance and will not be returned.
- 7) All entries in the report forms must be typed or printed. Illegible entries or responses will be considered incomplete and may result in the denial of the annual report as incomplete.
- 8) When designating a contact person, please remember that all correspondence from our Department will be directed to this individual. Therefore, please choose a person who will be able to respond to most inquiries or direct them to the appropriate person for response. We must be notified in writing of any change in the contact person during the course of the year.
- 9) It is the responsibility of the broker to insure that none of the responses and submittals in association with this report conflict with the information filed with the domiciliary state. Conflicting information may result in regulatory action.

### **EXPIRATION OF VIATICAL SETTLEMENT BROKER LICENSE**

A viatical settlement broker license expires annually on the anniversary of the issuance thereof. The renewal is separate from this annual report which is due no later than March 1 of each year. The renewal consists solely of payment of the annual renewal fee and must be postmarked no later than that expiration date.

### **RENEWAL OF LIFE INSURANCE AGENT LICENSE**

A person acting as a viatical settlement broker pursuant to a life insurance producer license issued by the Louisiana Department of Insurance is not required to pay a separate renewal fee to operate as a viatical settlement broker. Renewal of the life producer license pursuant to the applicable statutes is all that is required.

### **SPECIAL INSTRUCTIONS FOR ATTESTATION PAGE**

The signatures which appear on the attestation page are determined by the legal structure of the applicant. Below are the expected variations and the instructions for who should sign the application in each case.

IF THE APPLICANT IS A(N)....	THE APPLICATION SHOULD BE SIGNED BY...
Individual	the applicant
Corporation	any two officers
Association	any two officers
Partnership	two partners
Trust	two trustees
Any other	contact the Department for instructions

## **COMMON QUESTIONS**

The following are some of the most commonly asked questions regarding the annual report package and process.

**Q: Where can I find the laws and regulations governing viatical settlement brokers in Louisiana?**

**A: Title 22 of the Louisiana Revised Statutes is the Louisiana Insurance Code and most laws enacted by the Louisiana Legislature which affect viatical settlement brokers can be found in that Title. Copies of the complete Louisiana Insurance Code can be obtained from private printing companies which specialize in statutory printing. In addition to the statutes, the Commissioner of Insurance has issued many regulations, rules and directives. Copies of these items may also be obtained from publishers specializing in printing legal and regulatory documents. One such company is given below.**

**National Insurance Law Service  
P.O. Box 2507  
Chatsworth, CA 91313  
1-800-423-5910**

**Q. When does my viatical settlement broker license expire?**

**A. A viatical settlement broker license expires annually on the anniversary of the issuance thereof.**

**Q: Will I be notified of the acceptance of the annual report?**

**A: Each broker will be notified of the receipt and acceptance of the annual report. This notification or a request for additional information can be expected thirty (30) to sixty (60) days from our receipt of the annual report form.**

**Q: Can the forms in the report packet be recreated on a word processor for completion by the broker?**

**A: No. The forms in this packet are designed for ease of recognition by our staff and, in many cases, in strict compliance with statutory wording requirements. Therefore, any changes in the format or wording of the forms will cause delays in the review and may lead to the disapproval of the application. However, effective December 1, 1998 the forms are available to be downloaded from the Department's web site. From that site you have an option of either Micro Soft Word ® or Adobe Acrobat Reader ® format. The address for the web site is [wwwldi.lidi.state.la.us](http://wwwldi.lidi.state.la.us).**



**JAMES J. DONELON  
COMMISSIONER OF INSURANCE  
STATE OF LOUISIANA**

P.O. Box 94214  
Baton Rouge, Louisiana 70804-9214  
Phone (225) 342-5900  
Fax (225) 342-3078  
<http://www.lidi.state.la.us>

**ANNUAL REPORT FOR A  
VIATICAL SETTLEMENT BROKER  
IN THE STATE OF LOUISIANA**

**General Information (Type or Print)**

**BROKER NAME:** \_\_\_\_\_

**FEIN NO.:** \_\_\_\_\_ **LOUISIANA LIFE INSURANCE AGENT LICENSE NO.:** \_\_\_\_\_

-

**DOMICILE:** \_\_\_\_\_

**HOME OFFICE ADDRESS:** \_\_\_\_\_

-

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTACT NAME†:** \_\_\_\_\_ **CONTACT TITLE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FACSIMILE:** \_\_\_\_\_

**CONTACT ADDRESS:** \_\_\_\_\_

-

\_\_\_\_\_  
\_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

## SECTION 2 - INTERROGATORIES

All of the following questions must be answered on behalf of every broker. ATTACH A FULL EXPLANATION AND/OR THE REQUESTED INFORMATION FOR ANY "YES" ANSWERS

1) Has the broker ever had an application denied by any insurance regulatory authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2) Has the broker ever had a Certificate of Authority or license revoked or suspended by any regulatory authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3) Has the broker or any person who is presently an officer, director, partner, trustee, owner of 10% or more or other such person of the broker ever been convicted of or pled guilty or nolo contendere to, or found liable of indictment or information in any jurisdiction charging a felony or misdemeanor other than minor traffic violations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4) Has the broker ever been subject to any regulatory action including cease and desist orders or similar actions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5) Is this license being maintained for the sole purpose of soliciting funding or financial backing for a viatical settlement provider? If yes, identify the provider(s) for whom the applicant will be soliciting funding.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## SECTION 3 – VIATICAL PROVIDERS

Below provide the name and address of every provider with whom the broker has successfully negotiated a viatical settlement on behalf of a resident of Louisiana or for whom the broker has solicited funding or investment in Louisiana,

PROVIDER NAME	ADDRESS

## SECTION 4 - OTHER LICENSES

**Below give a list of the states in which the reporting party is doing business as a viatical settlement broker and indicate whether or not the entity is licensed in that state.**

[illegible]

## SECTION 5 - OFFICIAL LIST OF MANAGEMENT AND OWNERS

Below give the name, social security number, resident address, position and percent of ownership of all persons responsible for the conduct of affairs of the broker. This list should include all officers, all directors, all partners (in the case of a partnership), all trustees, all executive committee members and all person(s) owning, directly or indirectly, five percent or more of the broker and any other person who exercises control or influence over the affairs of the broker. **THIS LIST MUST INCLUDE THE NAMES OF ALL PERSONS ACTING AS VIATICAL SETTLEMENT BROKERS.** You may reproduce this form as needed.

NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	

## ATTESTATION

STATE OF \_\_\_\_\_

COUNTY OR PARISH OF \_\_\_\_\_

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_

and \_\_\_\_\_ who, after being duly sworn, did depose and say that all information

contained in this report and all attachments thereto is, to the best of his knowledge, true, complete and correct.

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Signature of Applicant or Authorized Representative

\_\_\_\_\_  
Witness' Printed Name

\_\_\_\_\_  
Printed Name and Title of Authorized Representative

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Witness' Printed Name

\_\_\_\_\_  
Printed Name and Title of Authorized Representative

SWORN TO and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
Notary Public's Printed Name

My Commission Expires \_\_\_\_\_

ANY FALSE OR MATERIAL MISSTATEMENTS MADE IN ASSOCIATION WITH THIS REPORT MAY BE A  
VIOLATION OF 42 USCA 1033 (a) (1).